



PROTEST OF A (RE)DETERMINATION

Attach 1 copy of the (re)determination you are protesting. Before completing this form read, "Your Protest and Appeal Rights" contained in the claims information booklet you received.

Social Security Number:

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Name: _____

I WISH TO PROTEST THE DETERMINATION

☐

APPEAL THE REDETERMINATION

☐

MAILED OR PERSONALLY SERVED ON: _____

*(Date)

* Shown at bottom of (re)determination

FOR THE FOLLOWING REASON(S):

(Your Signature)

(Date)

NOTE: If you need more space, attach additional pages.



- IN YOUR PROTEST OR APPEAL, INDICATE THE REASON(S) WHY YOU DO NOT AGREE WITH THE (RE)DETERMINATION. ALSO, PROVIDE ANY NEW OR ADDITIONAL FACTS NOT PRESENTED IN YOUR FIRST STATEMENT.
- ATTACH COPIES OF ANY DOCUMENTS, EMPLOYER NOTICES, CORRESPONDENCE, OR OTHER TYPES OF INFORMATION WHICH MAY CLARIFY THE ISSUE YOU ARE PROTESTING. THESE DOCUMENTS WILL NOT BE RETURNED SO YOU SHOULD SEND DUPLICATES OR COPIES.
- **YOU MUST PROTEST IN WRITING.** IN ORDER TO BE ON TIME, **YOUR PROTEST MUST BE RECEIVED BY THIS AGENCY WITHIN 30 DAYS AFTER THE DATE THE DETERMINATION WAS MAILED.** IF YOUR PROTEST IS NOT RECEIVED ON TIME, IT MAY AFFECT THE DECISION YOU RECEIVE.

IF THE 30 DAY PROTEST PERIOD HAS ALREADY LAPSED, YOUR STATEMENT SHOULD INDICATE WHY YOUR PROTEST WAS NOT ON TIME.

IF YOU HAVE ANY DIFFICULTY COMPLETING THIS FORM, CONTACT THE CLAIMANT CUSTOMER RELATIONS HOTLINE AT 1-800-638-3995 (TTY CUSTOMERS USE 1-866-366-0004), OR CALL OUR INQUIRY LINE AT 1-866-500-0017.

THIS FORM CAN BE USED TO PROTEST A DETERMINATION, OR APPEAL A REDETERMINATION.

**RETURN YOUR COMPLETED FORM TO: UIA
P.O. BOX 169
GRAND RAPIDS, MI 49501-0169
FAX: 1-517-636-0427**